

Joining Forces

Volume 1 Issue 2

RESEARCH NEWS YOU CAN USE

January 1997

"GET SMART"

Are we accomplishing our goals as "SMART" as we can in the Family Advocacy Program (FAP)? How do we demonstrate that our programs are indeed "SMART" or that they are efficient, cost-effective and make a difference in the lives of soldiers, their families, and the military community? "Hearsay?" "Intuition?" "Educated guesses?" "Psychic advisors?" "Practical wisdom?" Each renders conclusions, but are they valid and reliable? Will they hold up to the hard questions from senior level policy makers?

The focus of this edition of Joining Forces is EVALUATION. As FAP moves into the 21st century, it is imperative that we develop smarter intervention strategies and effective evaluation tools to prove that the outcomes of our programs are cost-effective, and have a positive impact upon the military community. This task must be successfully accomplished to ensure that we maintain the necessary resources to operate our programs.

This newsletter was prepared for the U.S. Army Community and Family Support Center, Family Advocacy Program under an Inter-Service Support Agreement between the Department of the Army, and the Department of Defense, Uniformed Services University of the Health Sciences, Department of Psychiatry.

Interview with Ms. Delores Johnson, Headquarters, Department of the Army, Family Advocacy Program Manager.

Editor: I understand that the San Diego FAP conference will focus on evaluation. Are there any specific methods of evaluation that will be explored?

Ms. Johnson: Yes. We are going to have the field focus on performance evaluation and we want to look critically at how FAP is accomplishing its mission delivering services and programs. We will create indicators, and talk about critical success factors that lead to FAP outcomes. I think the process will give us feed back and information we need for accountability and future planning.

Editor: Why are you taking such an approach at this time?

Ms. Johnson: Because developing appropriate outcome measures will help us to respond to higher level policy makers and financial managers. It will also tell us if we are adding value to the services and resources we deliver to soldiers and families. I think the process will also mobilize both our prevention and treatment staffs to focus more on evaluating what we do.

Editor: Are you going to use any particular evaluation tools or instruments?

Continued on page 3...

EVALUATION: FAP MOVES TO ESTABLISH OUTCOME MEASURES

Evaluation is vital for measuring the effectiveness of FAP's goals, objectives, and outcomes. As scarce resources are competed for, programs able to provide credible evidence of their effectiveness will be favored in funding decisions and survive. FAP must be one of them.

As service providers, family advocacy workers often fail to conduct evaluations believing that they have neither the time nor skills.

Continued on page 2...

In This Issue...

"Get Smart".... 1

Evaluation: FAP Moves to Establish Outcome Measures.... 1

Principle Outcomes Established for FAP Activities.... 2

Targeting Excellence-Evaluating Outcomes.... 3

Research and Statistics.... 4

Assessment of Television Viewing.... 5

Prevention Research Needed.... 5

Joining Forces for Evaluation.... 6



PRINCIPLE OUTCOMES ESTABLISHED FOR FAP ACTIVITIES

Safety, self-sufficiency, personnel preparedness, and community cohesion have been identified as the principle outcomes that FAP should achieve. Family advocacy workers should be mindful of the four principles when programs are planned, implemented and evaluated.

To achieve each principle outcome, an evaluation mechanism has to be applied to determine changes in knowledge, attitudes, beliefs, perceptions, behaviors, or conditions of individuals served.

Joining Forces



Editor-in-Chief
James E. McCarroll, Ph.D.

Editor
John H. Newby, D.S.W.

Copy Editor
Kari McFarlan, B.A.

Joining Forces is a publication of the Community and Family Support Center and the Family Violence and Trauma Project at the Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland 20814-4799.



EMAIL: KMCFARLA@USUHS.MIL

That evaluation mechanism is the process by which the success of FAP interventions are to be measured. In order to measure the success of interventions that relate to each principle outcome, FAP will use a model called performance management. After a desired outcome is selected, critical success factors or activities likely to achieve the outcomes will be identified. The acquisition and allocation of resources necessary to achieve the desired outcomes will be identified along with qualitative and quantitative measures and performance indicators.

Family advocacy workers must begin to explore the relationship between outcomes, critical success factors, program activities, funding allocations, and performance measures/indicators. Hopefully, the process will lead to a better appreciation of evaluation as an integral and significant component of FAP management.

Evaluation

Continued from page 1...

The practical benefit of evaluation is that it tells you whether your program is on track and how it works. It is a crucial component of intervention planning, implementation, and management. There are several evaluation methods; for example, process evaluations examine how programs are implemented or what services are delivered to whom.

However, when the goal is to evaluate the effectiveness of various intervention strategies, outcome evaluations are required. Outcome evaluations are used to determine if changes occurred as a result of an intervention and whether the intended effects were

achieved. Basic outcome evaluation questions include:

Was there any immediate change in knowledge, attitudes, and beliefs as a result of the intervention?

If yes, what changes occurred? By what amount (e.g., as measured by a pre/post test)?

Were there any differences in the effects of an intervention on one group as compared to another?

If yes, what were the differences?

Did behaviors change as a result of the intervention?

These are some of the "hard questions" that must be answered by family advocacy workers if FAP is to survive reductions in resource allocations.

At the January 1997 annual FAP conference in San Diego, CA, FAP managers, Chiefs of Social Work Service, and researchers will examine interventions and develop evaluation strategies for key functional areas of FAP. Participants will be assigned to groups covering such subjects as mutual spouse abuse, victim advocacy, spouse abuse prevention, substance abuse, victim advocacy, centers for excellence, etc. The task of each group will be to: critically examine the functional area, develop policy, and design action-oriented initiatives relative to FAP outcomes of: SAFETY, SELF-SUFFICIENCY, PERSONNEL PREPAREDNESS, and COMMUNITY COHESION.

Overall, the conference will produce a structure for FAP workers to establish outcome measures that provide objective evidence of FAP's efficiency and cost effectiveness.



TARGETING EXCELLENCE - EVALUATING OUTCOMES

How do we develop outcome measures to enhance the effectiveness of family advocacy workers?

Can we develop an effective performance evaluation system to help manage the delivery of family advocacy services?

How can we bring more accountability to FAP and have input into developing policy, making decisions and shaping our future?

How can we provide workers in the field with an opportunity to provide input for policy development and program planning and implementation?

How can we develop outcome measures that can be used by both clinicians and program managers?

What can we do to standardize our prevention and treatment efforts so we can reduce family violence and build healthy families?

Do we have any data that show that what we are doing actually works, especially in child abuse?

How can we run our programs differently?

What research tools can we use to show that we make a difference and show our staff or community leaders that we are successful?

What is our corporate level of success and what are those things that contribute to it?

How can we provide this type of information to the senior Army

leadership so they will continue to support our program?

These are a sample of questions that members of the Process Action Team grappled with when they met for several days to plan for FAP's annual meeting in San Diego, California.

In focusing upon strategies to target excellence, outcome evaluation influenced much of the discussion and performance management was chosen as the model to guide the evaluation process. The performance management model will help family advocacy workers identify FAP outcomes that the Army cares about and would feel positive about supporting. It involves a process of being accountable, seizing the opportunity to make hard decisions and validating the effectiveness of what the program can deliver.

Interview

Continued from page 1...

Ms. Johnson: Yes. We will use a performance management model that was introduced to us by Dr. Dennis Orthner from the University of North Carolina's School of Social Work. The model focuses on looking at outcomes relative to identifying specific target groups that you want to serve and the problems and needs you want to address. After selecting the outcomes, you identify the critical success factors necessary to achieve the outcomes. The critical success factors help determine how the program will be measured. They are the things that need to happen to reach FAP's outcomes.

Editor: It sounds like you are making some attempts to reshape and refocus the program. What have you done to prepare for the

San Diego conference or to ensure that the conference reaches its objectives?

Ms. Johnson: We have had several meetings of a Process Action Team (PAT) made up of FAP personnel and clinicians. The PAT met with researchers from the University of North Carolina, Cornell University, and the Uniformed Services University of the Health Sciences to prepare for the program's transition to using a performance management strategy. What we tried to do was to tie FAP outcome measures to real world situations for practitioners. In our planning meetings we used a process for looking at the overall outcomes for FAP in light of real world program components such as spouse abuse prevention or treatment. That work was not finished until the performance management evaluation piece was added.

Editor: Since your planning team consisted primarily of FAP personnel and researchers, are you attempting to reshape the program so that evaluation is better appreciated as a part of the management process?

Ms. Johnson: Yes, we want to manage for results by examining program issues and responding to them using a different kind of language.

Editor: In terms of refocusing the program, how receptive do you believe family advocacy workers in the field are to the change?

Ms. Johnson: I think prevention and treatment staffs will readily embrace the change. Actually, we began the process when we developed the five year plan for FAP. The theme of that plan is

Continued on page 4...



Interview

Continued from page 3...

"planning ahead to meet the needs of the Army." The San Diego conference is a continuation of that process.

Editor: Is there anything else you'd like to say about the San Diego conference?

Ms. Johnson: I am looking forward to it. The planning team grappled with many issues and helped us to better understand how best to reach our goals and objectives. I hope the strategy we are planning will ensure that we are measuring the right things and that our programs are valuable, and benefit the lives of soldiers and their families.

RESEARCH and STATISTICS

The first statistics article in this series was an introduction to the concept of statistical significance, determining if results obtained in an experiment were due to the experimental effect or chance. We continue to explore hypothesis testing and statistical significance, using specific tests and examples.

If you are performing an intervention such as a treatment or prevention program, you would probably like to know if your program is effective. In order to do that, you have to select something to count. This may sound easy. However, there are other problems to consider. Here, the point is to illustrate how to examine counting data and a little about its interpretation.

You can count a variable such as success or failure, or completed treatment versus did not complete treatment, or the client population was made up of men and women. If there are enough observations to

allow chance to be one of the outcomes, you can probably perform some kind of statistical test. If counting is the only measurement possible, you are limited in the statistical tests you can perform. They may still be useful for your purposes and there is nothing wrong with them, but, if you can do more than count, you can perform more tests that will provide more information and may detect differences that the basic tests cannot.

For example, you can count the number of men and women who come to your class or your clinic and you can also measure them. You could measure their height or weight or you could give them a questionnaire or a test.

The editors wish to thank the 1997 "San Diego Conference" Process Action Team for their valuable contributions to this edition of Joining Forces. We are also indebted to Dr. Marney Thomas of Cornell University and Dr. Dennis Orthner of University of North Carolina for their comments and suggestions about the evaluation process.

The chi-square test and the t-test are commonly seen in scientific publications and other reports in which the author uses a statistical test. Each of these tests will tell you whether the hypothesis you have tested is statistically significant and the level of significance. When you can only count the variables or frequencies, chi-square can be applied to test statistical significance. It is not the only test in this category and it has different variations depending on how many groups are used. Here, it is used

as an example of the kind of testing that can be done when you can only count frequencies. If you can measure, other than by counting frequencies, you may apply a t-test to test the significance of the difference between the means of two groups.

In a study by Ethier, Lacharite, and Couture (1995)¹, the authors compared the number of mothers scoring above the 90th percentile on a test of parental stress, Abidin's Parenting Stress Index². They reported that there were significant differences ($p < .0001$) between negligent mothers and control mothers on one of the subtests, Child Domain. To summarize, they counted the number of subjects (mothers) in each of four groups: negligent mothers whose scores were (1) above the 90th percentile, (2) below the 90th percentile, and control mothers whose scores were (1) above the 90th percentile and (2) below the 90th percentile. These counts were compared in a chi-square test and found to be statistically significant.

In that same article, the authors also compared the mean score of negligent and control mothers on the Child Domain scale of Abidin's Parenting Stress Index. Since the measures were scores on a test and more than counting data, the authors chose to test the hypothesis that there was no difference between the negligent and control mothers. This was done by a t-test. They reported that the test was statistically significant ($p < .001$) and that they could reject the hypothesis

¹ Ethier, L.S.; Lacharite, C. & Couture, G. (1995). Childhood adversity, parental stress, and depression of negligent mothers. *Child Abuse and Neglect*, 19, 619-632.

² Abidin, R.R. (1983) *Parenting Stress Index*. Charlottesville, VA: Pediatric Psychology Press.



of no difference with a high degree of confidence (see previous article on statistics in *Joining Forces*, Volume 1, No. 1).

Chi-square and t-tests were useful for the authors of the previously mentioned study. There are many tests of significance that can be described. But, in mental health, these are among the most common.

Another common statistical procedure is the analysis of variance. It will be described in a subsequent edition of *Joining Forces*. It is an extension of the t-test, made applicable to more than two groups, and for analyzing variables in a more efficient way than by performing a large number of comparisons between just two variables (bi-variate tests).

Editor's Note:

The purpose of this column to provide general information on statistical procedures. We would appreciate comments on the content and format as well as your suggestions. Hopefully, this column will encourage you to examine the "Results" section of the next journal article you read and question both the research methodology and conclusions.

ASSESSMENT OF TELEVISION VIEWING IN INDIVIDUAL AND FAMILY EVALUATIONS

LCDR Raymond Emanuel, MC,
USNR

In the evaluation of individuals and families, an assessment of their television and video viewing habits is an underutilized technique. Surprisingly, despite early

recognition of television's enormous appeal and the possible negative effects on behavior, there has been more worry than substantive research on the real effects of television's violent content. Research in the field has been impeded by methodological problems and political-industrial intrigue. Despite the lack of definitive scientific statements about the effect of television viewing, the power of media images, as static as billboards or dynamic as political advertisements, have the power to shape behavior.

Based on the ubiquity of exposure to television and an interest in how individuals interpret and respond to media themes within the context of their own lives, I often elicit information about media exposure during my clinical evaluations or treatment. Viewing patterns can reflect the patterns of family interactions. What portion of the family time together is spent watching TV? What else is done during viewing i.e., meals, exercise, etc.? Is TV viewing the only "family time"? Does everyone watch together or do family members disappear into different rooms? What appeals to different family members about different shows? What makes different characters appealing or unappealing? Responses to these questions assist in the exploration of the self and world view of each individual. This information may take some patience to obtain since many people find it difficult to verbalize the appeal of this activity that occupies much of their waking non-work time. This difficulty may attest to the intensely personal nature of viewing and the unconscious processes working as the viewer passively absorbs the images flickering on the screen.

Finally, I evaluate the degree of exposure to vicarious sex and

violence. I interpret the extent of this exposure within the context of the psychosocial strengths and weaknesses of the individual and constellation of the family relationships.

Routine inquiries about the viewing of emotionally charged material on television might reveal some unappreciated relationships with domestic violence and abuse.

Since the arrival of mass and multimedia, our basic instincts and dreams may not have changed very much. However, the images that surround us today may be more persuasive than ever before. Unfortunately, the short and long term effects of television viewing are not much more clearly understood than they were decades ago. It is tempting to speculate on how the future will view the degree to which we have appreciated and accounted for the influences of the electronic environments that are evolving around us. I have found that exploration of these influences during evaluation and treatment can sometimes yield access to important clinical information.

PREVENTION RESEARCH NEEDED

The focus of this year's Family Advocacy Program (FAP) training is evaluation. The question is a broad one: "Does FAP work?" One can scarcely attend professional meetings in either FAP or mental health without hearing similar questions and comments about the need for studies of efficacy and cost containment.

Two recent efforts have encouraged more prevention research. The National Institute of Mental Health (NIMH) reviewed the

Continued on page 6...



PREVENTION

Continued from page 5...

topic of "prevention science" in mental health starting in 1990. In 1995 it published a national prevention research agenda (NIMH, 1995). The central idea of prevention is that of malleable risk and prevention factors. The NIMH report was recently summarized by Reiss and Price (1996). They identified three themes which they called a prevention cycle: risk studies, controlled trials, and implementation efforts. The Institute of Medicine (IOM) of the National Research Council also published a report, mandated by the U. S. Congress, on the state of the science of prevention (Mrazek, & Haggerty, 1994). A major conceptual focus of this report was on reducing risks for mental disorders- an approach which is aimed at reducing the costs of mental health care.

Albee (1996) provides a historical overview of prevention research in mental health prior to 1980. In this era, prevention efforts focused on social conditions often associated with mental illness, conditions such as poverty, unemployment, physical and sexual abuse of children, social isolation, and exploitation of one's status in society. Albee contrasts this effort with the later more biological efforts aimed at brain function and the current proposal for prevention research by the NIMH and the IOM. That research targets specific mental disorders by looking at the person's defects as opposed to possible environmental causes. Albee points out that the efforts to end mental illness using the same model as was used to end many public health problems such as smallpox, polio, and common childhood diseases are not likely to work because there is no objective

marker of mental disorders. It is often the behavior that is noticed and leads to the need for treatment. While the era of prevention science may sound appealing, especially to the accountants, the question of what causes and what helps to cure behavior that is socially objectionable is not likely to be quickly answered.

NIMH Committee on Prevention Research. (1995, May 15). *A plan for prevention research for the National Institute of Mental Health*. (A report to the National Advisory Mental Health Council). Washington, DC: Author.

Reiss DW, Price D. (1996). National research agenda for prevention research. *American Psychologist*, 51, 1109-1115.

Mrazek PJ, Haggerty RJ (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

Munoz RF, Mrazek PJ, Haggerty RJ. (1996). *American Psychologist*, 51, 1116-1122.

Albee GW. (1996). Revolutions and counterrevolutions in prevention. *American Psychologist*, 51, 1130-1133.

JOINING FORCES FOR EVALUATION

While FAP and mental health share much common ground, there are some substantial differences. Treatment research in mental health has progressed to a much greater degree than that for family violence. Studies on the differences between types of psychotherapy are now at the stage that recommendations can be made regarding the type of therapy for certain disorders.

Studies of the differences between psychotherapy and medication also inform practitioners about more efficient therapeutic strategies, although one cannot currently say who will be helped by either of these approaches or for how long. FAP is a broader field than mental health and it encompasses an area about which there has been little evaluation - interpersonal violence.

The objective of FAP evaluation is to determine what works in the field. This provides an important opportunity for a combined community effort. Commanders, law enforcement personnel, prevention specialists, judges, community leaders, youth services workers, clergy, and others who have a role to play in the life of a violent offender or victim must Join Forces to determine the effectiveness of FAP's overall mission.

FAP OUTCOMES for the ARMY:

- Safety
- Personnel Preparedness
- Self-Sufficiency
- Community Cohesion

